FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

					,			2018 APR	Office Use, Only	50
1.	NAME OF COMMITT	EE (in full)	TYPE OR I	PRINT V		mple: If typ r the lines.	ing, type	12 FE4M 5	AIL CENT	ER
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l' z	Check than report	c if different previously red. (ACC)	WA	LIERG	3010			180 [29488	P
2.	FEC IDE	NTIFICATION NU	MBER ▼		CITY ▲	•	S	TATE A	ZIP C	ODE A
	C;00	52866	16		3. IS THIS REPORT	V	NEW (N) OR	AM (A)	ENDED	
4.	TYPE O	F REPORT	(b) Mor Rep	oort	Feb 20 (M2)		May 20 (M5)	April 10	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarte	erly Reparts:		1, 9 6, 31	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
		April 15			Apr 20 (M4)	AT A Section	Jul 20 (M7)		20 (M10)	Jan 31 (YE)
	is die C	Quarterly Report (Q: July 15	1) (c)	12-Day		Primary (12	P)	General (12G) 🗸	Runoff (12R)
	B.A. C	Quarterly Report (Q: October 15	2)	Report for t	(, a-'')	Convention	(12C)	Special (128)	
	₩./ C	Quarterly Report (Q	3)			FATTA I	o2'	Y Y Y Y	in the	
	Jan. Y	lanuary 31 /ear-End Report (YI	≣)		Election on	4	02	2013	State	of SC
•	F L	luly 31 Mid-Year Report (Non-election /ear Only) (MY)	(d)	30-Day POST-Elect Report for t	15.74	General (30	G)	Runoff (3	OR)	Special (30S)
	(Termination Report		•	Election on	M		Y TYTYTEY n. Thankian	in the	
5.	Covering F	Period 3	1 1	3 20	13	through	0.3	21	2013	5
	-	have examined thi	-		est of my kno GET L			e, correct and	complete.	
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Sig	nature of Ti	reasurer / <u>)</u>	dgit	Z ZU	Urra	4	Da	ate 03	28	2013
NO	TE: Submiss	sion of false, errone	ous, or inc	omplete infor	mation may s	/ ubject the pe	rson signing th	is Report to th	e penalties of	2 U.S.C. §437g.
ı	Offic Use								FEC FO Rev. 12	
	_ Only	y∙l I			I		ı			

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

Page 2

3031052106

Write or Type Committee Name

POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	. '	0000
(b) Cash on Hand at Beginning of Reporting Period	, 00.00	·
(c) Total Receipts (from Line 19)	,0000	, , , , , 00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Celumn A and Lines 6(a) and 6(c) for Column B)	, 0000	, , <u>00 0</u> 0
7. Total Disbursements (from Line 31)	0000	, 0000
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0000	, 00 00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 03 13 2013 To: 03 21 2013

I. Receipts

COLUMN A

Total This Period

Calendar Year-to-Date

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	, , , , , , , , , , , , , , , , , ,	, , , 0000
	(ii) Unitemized	0000	0000
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0000	0000
		0000	Ω
	(b) Political Party Committees	0000	000
	(such as PACs)(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	, 00 <i>0</i> 0	, , , 00.00
12.	Transfers From Affiliated/Other Party Committees	0000	, , 0000
13.	All Loans Received	, 00.00	, , , 00.00
14.	Loan Repayments Received	0000	0000
15.	Offsets To Operating Expenditures	and the sufficient of the control of the sufficient of the suffici	el en de la cella de Maria Cherentare d'Abrilla de la chia del Tilla de La cella del Color de La cella de la c La color de la cella del Color de la cella d
	(Refunds, Rebates, etc.)	$\partial \partial \Delta$	$O \wedge O \wedge$
16.	(Carry Totals to Line 37, page 5)	Frankling the street & and the same and a section of the first terms o	"but the sour I in I of the Event of the Tour
	to Federal Candidates and Other		
47	Political Committees		Section Control of the classification in the control of the contro
17.	Other Federal Receipts (Dividends, Interest, etc.)	0000	0000
18.	Transfers from Non-Federal and Levin Fund	s had all all all all all all all all all a	the growing and the growing and the first and the
	(a) Non-Federal Account		<u> </u>
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)	0000	0000
	(c) Total Transfers (add 18(a) and 18(b))	00.00	0000
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0000	00.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0000	0000

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar rear-to-Date		
Activity (from Schedule H4)				
(i) Federal Share		0000		
(ii) Non-Federal Share				
(b) Other Federal Operating	Control Control of the Control of t The Control of the Control of			
Expenditures(c) Total Operating Expenditures	O COO			
(add 21(a)(i), (a)(ii), and (b))				
22. Transfers to Affiliated/Other Party				
Committees23. Contributions to		, , , , , , , , , , , , , , , , , , , ,		
Federal Candidates/Committees and Other Political Committees	O(O(O(O(O(O(O(O(O(O(O(O(O(O(O(O(O(O(O($\mathcal{L}(\mathcal{O})$		
24. Independent Expenditures				
(use Schedule E)25. Coordinated Party Expenditures	the control of the co			
(2 U.S.C. §441a(d)) (use Schedule F)	0000	0000		
-				
26. Loan Repayments Made	0000	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$		
27. Loans Made	OOOO	OOOO		
28. Refunds of Contributions To: (a) Individuals/Persons Other		3 3 3 3		
Than Political Committees		$\mathcal{O}(\mathcal{O})$		
(b) Political Party Committees	$\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}($	<i>~~~</i>		
(c) Other Political Committees				
(such as PACs)		, 0000		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))		, 00,00		
20. Other Dishursensets		\sim		
29. Other Disbursements				
30. Federal Election Activity (2 U.S.C. §45				
(a) Allocated Federal Election Activity	y Tanàna na kaominina dia kao			
(from Schedule H6) (i) Federal Share		0000		
	\sim			
(ii) "Levin" Share	and the state of t	, , , , , , , , , , , , , , , , , , , ,		
(b) Federal Election Activity Pald Ent With Federal Funds		0000		
(c) Total Federal Election Activity (ad	product the control of the second control of the co	OOO		
Lines 30(a)(i), 30(a)(ii) and 30(b)))			
31. Total Disbursements (add Lines 21(c),	, 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(d)		0000		
32. Total Federal Disbursements	en an experie de Manuferentia de Meira Indexe a Manella and	tenan (a. marzos Parente de Marcha Pintria Alberti		
(subtract Line 21(a)(ii) and Line 30(a)		The manufacture of the contraction		
from Line 31)		0000		
	No other days T he of countries ? so the estimate with a dis-	or and the second of the secon		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Dete
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	0000	
34.	Total Contribution Refunds (from Line 28(d))	0000	, 0000
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.000	0,000
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	00.00	0000
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0,000	0000
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0000	

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any pent the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
	IS POLITICAL ACTION CO	MMITTE
Full Name (Last, First, Middle Initial) A.		Date of Receipt
Mailing Address		M () p () () () () () ()
City	State Zip Code	- Land A Constant Free Constant
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Mam / D.D. / Y.Y.Y.Y.
City	State Zip Code	,
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	• 1
Full Name (Last, First, Middle Initial) C.	·	Date of Receipt
Mailing Address		CMCM7 / TOTAS / FVT V IV V
City	ty State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
	I)	, , , , , , , , , , , , , , , , , , , ,
IOIAL This Period (last page this line num	ber only)	

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TEMPLE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE I		PAGE OF	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23	24 25 26	
Any information copied from such Reports and Statem		by any perce	28a 28b	28c 29 30b	
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit aontributions	from such committee.	
NAME OF COMMITTEE (In Full)	115 16 N-	. A.			
) URBAN PROGRESS PO	DUTTICAL METTO	10 W	MM (EE		
Full Name (Last, First, Middle Initial) A.			Date of Disburse	ment	
Mailing Address			M M / D	B 7	
	·		Proposed Bush	oladi — Misilire olarisa sela t ————————————————————————————————————	
City	State Zip Code				
Purpose of Disbursement	11	eromorophic (Amount of Each	Disbursement this Period	
Candidate Name	1	Category/	fine switch mission	emen of only the objects of	
Office Sought: House Disbursem		Type	Establisher Services	on the Word to extra the first field.	
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)			D-44 D' 4		
3.			Date of Disburse	· · · - · · ·	
Mailing Address				D / Y L Y L Y L Y L	
City	tate Zip Code				
Purpose of Disbursement		رد ما در وهد د مرودند			
Candidate Name Amount of Each Disbursement thi					
		Category/ Type	Resultant of Control Caroline (* Friday of Control Caroline)		
Office Sought: House Disbursem	nent For: Primary General				
State: President State:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
2.			Date of Disburse		
Mailing Address			m · m · c /		
City	itate Zip Code				
Purpose of Disbursement	T or	andra darvasii			
Candidate Name			Amount of Each Disbursement this Period		
		Category/ Type	The state of the s		
Office Sought: House Disbursem	nent For: Primary General				
President	Other (specify)	[
State: District:		1	grander and a state of the		
SUBTOTAL of Disbursements This Page (optional)		>		0000	
TOTAL This Period (last page this line number only).		, 00.00			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s)	PAGE OF	
for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X	
	FOR LINE 13 OF FORM 3	
A. m. a. Tita		

	Detailed Summary Page FOH LINE 13 OF FOHM 3X				
AME OF COMMITTEE (In Full)	•				
URBAN PROGRESS POLITICAL ACTO	N COMMITTEE				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:				
Levit contact i all radio (Edol, First, Islandio Illina)	Primary				
	General				
Mailing Address	Other (specify) ▼				
City State ZIP Co	ode				
Original Amount of Loan Cumulative Payment To					
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TERMS Date Incurred Date Due	Interest Rate Secured:				
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M W / D D / Y Y Y Y Y M M / D D / Y	% (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount yourself error or making in greatly instrumental regions				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
an raino (Last, 11st, mado madi)	Trains of Employer				
Mailing Address	Occupation				
	Amount geographing index a magnitude to a modeling				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
o. Full Harris (Edds, First, Middle Hillar)	·				
Mailing Address	Occupation				
	,				
	Amount grand or and or angle september of the annual regions				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (£ast, First, Middle Initial)	Name of Employer				
The real of the second states of the second states of the second	Than of Employer				
Mailing Address	Occupation				
	Amount group is particularly regarding a group garage agreeman ap				
City · State ZIP Code	Guaranteed Outstanding:				
	enter growing haupt montern gebruik in deutschalbe geschalte geschalte.				
UBTOTALS This Period This Page (optional)					
	<u> </u>				
OTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER						
URBAN PROGRESS POLITICAL ACTION COMMITTEE C 00528 661						
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)				
гын матте	The section of the se					
	Leadherte Chara a rent as he	Since the second of the second				
Mailing Address	Date Incurred or Established	M M / D D / Y V Y Y Y				
City State Zip Code	Date Due	H M S M / D G G D / T Y S Y S TY H				
A. Has loan been restructured? No Yes	If yes, date originally incurre	ed William / Tolero / Tyliny T				
B. If line of credit, Amount of this Draw:	Polones					
C. Are other parties secondarily liable for the debt income No Yes (Endorsers and guarantors	urred? must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or otherwise. No Yes If yes, specify:	of deposit, chattel papers	What is the value of this collateral?				
		Does the lender have a perfected security interest in it? No Yes				
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes		What is the estimated value?				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:					
Date account established:	Address:					
Mn M / D MD / TV TV TV TV	City, State, Zip:	City, State, Zip:				
F. If rteither of the types of collateral described above	Audie State					
G. COMMITTEE TREASURER	<u>-</u>	DATE				
Typed Name Signature		Manual Control (V LY / V V V V V V V V V V V V V V V V V V				
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borrowers. III. This institution is aware of the requirement that complied with the requirements set forth at 11.	terms of the loan and other information (including interest rate) no more far of comparable credit worthiness. at a loan must be made on a basing terms.	avorable at the time than those imposed for is which assures repayment, and has				
AUTHORIZED REPRESENTATIVE		DATE				
Typed Name	Title	M M / D D / Y V V V				
Signature	THE	Annul banul banarawal				

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF

FOR LINE NUMBER: (check only one)

.0.009	, 204110		numu	pered line)	10
AME OF	COMMITTEE (In Full)	<i>^</i>	`		
(JRBAN PROGRESS	POLITICAL ACTION C	юm	MITTE	
A. Full	Name (Last, First, Middle Initial) of Del	btor or Creditor		Nature of Debt (Purpose):	
		,			
Mailing	Address		•		
City	State	Zip Code	{		
		· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·	
Outst	tanding Balance Beginning This Period				
		Payment This Period		Outstanding Balance at Close of Th	is Period
	e anglise e differentil mess. In de differentil mensellen miller i allen et i en en eller en eller en eller el En en eller en eller en eller ette eller elle	for the field for the factor and the limit of the	rafuski 	i describe alean Moeder et en en Marchen describer et 	
B. Full I	Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Purpose):	
Mailing	Address				
City	State	Zip Code			
Outst	tanding Balance Beginning This Period				
3	i)				
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of Th	is Period
1,2 × 22 11 11	가게 있는 가지 때 때 가는 가장 하는 것은 가는 가장 하는 때 때 이 없는다. 물	ing pangangan agu Pagalangan ngarasay mga na agum Mga	7.55		record)
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C. Full	Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of Debt (Purpose):	
Mailing	Address				
City		State Zip Code			
Outst	tanding Balance Beginning This Period				
l II	าน เมื่อเลย เมื่อสาคา เมื่อเมื่อ เมื่อเมื่อ เมื่อเมื่อเมื่อ เมื่อเมื่อเมื่อ เมื่อเมื่อเมื่อเมื่อเมื่อเมื่อเมื่อเมื่อ				
1	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of Th	is Period
Participation (Control of the Control of the Contro	क्षात्रम् (च १५८ मध्य मध्य १५८० वर्षेण पुराणासम्बद्धाः व			errogen, er gen gergen, ergen, ergen. U	
la de	one from the melanistic floor of the March of the	The product the ST of the House Board the Care The	ent. S	The same streether the streether before a fi	•
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SUBTO	OTALS This Period This Page (optional))	>		
TOTAL	S This Period (last page this line numb	per only)	▶	, 00	.00
	OUTOTANIBING LOANS (O. I)	1-0-4	_	\sim	$\bigcirc\bigcirc\bigcirc$
IOIAL	. OUTSTANDING LOANS from Schedu	le C (last page only)	>		
ADD 2	2) and 3) and carry forward to appropria	ate line of Summary Page (last page only	ly) ▶		$\mathcal{O}\mathcal{O}$

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
URBAN PROGRESS POLITICAL ACTION COMMIT	TIE 000528661
heck if 24-hour report 48-hour report New report Amends repo	ort filed on
Full Name (Last, First, Middle Initial) of Payee	Date
	W W / D D / Y V V V
Mailing Address	Bestherel Beschmall Decelerations Considered
Chi. Chata To Code	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type (, , , , ,)	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
	Diphumament For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
<u>,</u>	[M GM] / [D GD] / [V 3 V 4 V 4 V
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUPTOTAL of Hamized Independent Evpanditures	Enthantantantin faction in the section of the secti
(a) SUBTOTAL of Itemized Independent Expenditures	The State of Text of the Town Town Town Town
(b) SUBTOTAL of Uniternized Independent Expenditures	0000
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the Independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Bridget murray Date	03/28/2013

OF

PAGE

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE **OF** (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) POLITICAL ACTION COMMITTEE PWGUSS Has your committee been designated to make coordinated expenditures by a political party committee? NO YES Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential garagaa pala pasing nyang Aggregate General Election Expanditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate ية (يوسية) والإيران (الإيران و الإيران (الإيران و الإيران و ا SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

URBAN PRUGRESS POLITICAL ACTION CO	mmittee
USE ONLY ONE SECTION,	A or B
A. State and Local Party Committees	
Fixed Percentage (select one)	
Precidential-Only Election Year (28% Federal)	
Presidential and Senate Election Year (36% Federal)	
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15%	Federal)
B. Separate Segregated Funds and Nonconne	cted Committees
Flat Minimum Federal Percentage	
If the committee will allocate using the flat minimum percenta	age of 50% federal funds, check
in the committee will allocate doing the nat minimum percent	
or	
	ndicate ratio below
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Or If the committee is spending more than 50% federal funds, in	ndicate ratio below ***********************************
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ALLOCATION RATIOS		PAGE OF
		<u> </u>
NAME OF COMMITTEE (19 Full) URBAN PROGRESS POLITICAL ACTION CO	mm TTEE	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	thod" where the federal pro	pportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the bene tivity. Fer PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal candi munications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
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FOR LINE	182 OF	FORM	34

IAME OF COMMITTEE (in Full)		
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ii) Generic Voter Drive		Buelle of college of a fill offer to sever the file of
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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A.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
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				Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC
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	Activity or Event Identifier:		Category/	M M / D D / Y Y Y
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В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

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iv) Generic Campaign Activity		paring high light of the light particular particle against the
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IAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		OF	
FOR LINE	30a	OF	FORM 3X

	Committee	5	
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activit Voter Registration Voter ID	y or Event: GOTV Generic Campaign
Mailing Address		Allocated Activity or	Event Year-To-Date
City State Zip Code		· · · · · · · · · · · · · · · · · · ·	une e a unesal. Englis print
Purpose of Disbursement	Catagony		
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B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activit Voter Registration Voter ID	y or Event: GOTV Generic Campaig
Mailing Address City State Zip Code		o programa in an all follows The program of the control of the con	Event Year-To-Date
Purpose of Disbursement	Category/ Type	M M / D	TO A POST OF WALL
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

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FOR LINE NUMBER: (check only one)	1a	2

1	Aggregation Page	(check only one)1a2
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and adding		
NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITICAL	ACTION COMMI-	TTEE
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
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Mailing Address		Residuel Lateral Control According
City Stat	te Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business		Aggregate Year-to-Date
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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Any information copied from such Reports and Statements may not be sold or used by any peor for commercial purposes, other than using the name and address of any political committee	
NAME OF COMMITTEE (In Full)	
/ URBAN PROGRESS POLITICAL ACTION CE	DMMITTEE
Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
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Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
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PREPARER	DATE PREPARED

(3/2005)